

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021109

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

5393

STATE FILE NUMBER

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in lb

4 days

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis - Little Rock
Hospitals, Inc.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY

OR TOWN East St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

800 Pershing Ave.,

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Glenn

Middle

Wayne

Last

Walker

4. DATE

OF DEATH

Month

May

Day

28,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-2-1915

9. AGE (last birthday)

46

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auditor

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Taylorville, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George W. Walker

13b. MOTHER'S MAIDEN NAME

Lena Walker

14. NAME OF HUSBAND OR WIFE

Morris Lee Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

W.W. # 2

17. INFORMANT

Morris Lee Walker

800 Pershing Blvd.

E. St. Louis, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 25, 1962, to May 28, 1962 and last saw him alive on May 28, 1962

Death occurred at 11:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755b South Grand Blvd.

22c. DATE SIGNED

5-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 31, 1962

23c. NAME OF CEMETERY OR CREMATORY

Lake View Memorial Gardens

23d. LOCATION (City, town, or county)

Belleville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kurrus Funeral Home - East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.

MAY 29 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith D. Savage

Licensed Embalmer No. 5180

P. O. Address 2525 State
E. St. Louis Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.